

OIF DEC-20-2004 10:07

3D SYSTEMS

661 257 4953 P.01/01

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12/13/2004

RALPH D'ALESSANDRO
 3D SYSTEMS, INC.
 26081 AVENUE HALL
 VALENCIA, CA 91355 10068917

12/21/2004 SDIRETAR2 00000006 200900

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Carolyn Moore

(Depositor's name)

Carolyn Moore

(Signature)

December 20, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/068,917	02/07/2002	Clark W. Crawford	USA.299	9392

TITLE OF INVENTION: SELECTIVE DEPOSITION MODELING BUILD STYLE PROVIDING ENHANCED DIMENSIONAL ACCURACY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	XXX \$3400 \$700	\$0	XXX \$3400 \$700	03/14/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LONEY, DONALD J	1772	428-166000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 James E. Curry
 2 Ralph D'Alessandro
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

3D Systems, Inc.

Valencia, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 200900 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Ralph D'Alessandro

Typed or printed name

Ralph D'Alessandro

Date December 20, 2004

28,838

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